

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1957

24989

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crisp Lake 10420 Lake Drive		Length of stay in 1b		d. STREET ADDRESS 1836 So. Noland		(If outside, give location) 700'S Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle O. Last KINNAMAN				4. DATE OF DEATH Month JULY 26, 1957 Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 5, 1938	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Polisher		10b. KIND OF BUSINESS OR INDUSTRY Indep. Plating Co.		11. BIRTHPLACE (City and state or country) Drexal, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Oliver B. Kinnaman				14. MOTHER'S MAIDEN NAME Mary Miller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Mar. 1953 to June 1957		16. SOCIAL SECURITY NO. 488-40-7328		17. INFORMANT Address Oliver Kinnaman, Independence, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death byrowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 9298	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						42	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Drowned while swimming in lake					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. 7-26-57 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lake					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Jackson		20g. COUNTY MO		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 12:55 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh H. Rivers, Coroner				22b. ADDRESS 1034 Rialto Bldg.		22c. DATE SIGNED 7-27-57	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE July 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Lees Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lees Summit, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 7-28-57		26. REGISTRAR'S SIGNATURE James Tracy			

JUL 3 0 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John Gibson

Licensed Embalmer No. 48

P. O. Address *Indep*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.